

AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

FOR COURT USE ONLY

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME Paige Munro-Delotto		2. PHONE NUMBER (401) 521-4529		3. DATE	
4. DELIVERY ADDRESS OR EMAIL 400 Westminster St., Ste. 200		5. CITY Providence		6. STATE RI	7. ZIP CODE 02903
8. CASE NUMBER 1:17-cv-00277	9. JUDGE Smith	DATES OF PROCEEDINGS			
		10. FROM 6/6/2017		11. TO 4/26/2018	
12. CASE NAME Zell et al. v. Ricci et al.		LOCATION OF PROCEEDINGS			
		13. CITY Providence		14. STATE RI	
15. ORDER FOR					
<input checked="" type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)		Hearing on Motions to Dismiss	02/02/2018
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

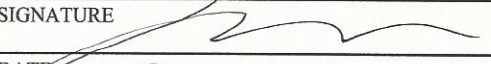
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
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REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges
(deposit plus additional).

ESTIMATE TOTAL

0.00

18. SIGNATURE  PROCESSED BY

19. DATE 5/14/18 PHONE NUMBER

TRANSCRIPT TO BE PREPARED BY COURT ADDRESS

ORDER RECEIVED	DATE	BY	DEPOSIT PAID	TOTAL CHARGES	0.00
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES		0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT		0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		0.00

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CERTIFICATE OF SERVICE

I hereby certify that on May 14, 2018 I electronically filed the foregoing document with the United States District Court for the District of Rhode Island by using the *CM/ECF* system. I certify that the following parties or their counsel of record are registered as CM/ECF Filers and that they will be served by the *CM/ECF* system:

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/s/ Paige Munro-Delotto